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**TAJIKISTAN**

## TUBERCULOSIS PROFILE



Tajikistan has the highest TB incidence rate in the World Health Organization's (WHO's) European Region. Tajikistan was the poorest republic of the former Soviet Union, and conditions deteriorated further after independence due to the devastation of a civil war in the early 1990s. The health care system remains weak, and TB treatment and control are still not well integrated or accessible. Since 1996, TB incidence and the TB mortality rate have increased every year. Tajikistan faces similar issues and challenges as other Central Asian countries regarding TB control but has more pronounced poverty, more migration, and less developed infrastructure to implement DOTS (the internationally recommended strategy for TB control). Political commitment to TB control is high, however managerial capacity is weak in the country. Therefore at this stage the National TB Center does not have the capacity to fully implement TB control activities at the national level, placing large dependence on outside support.

The DOTS strategy was introduced first in 2002 in Dushanbe city, and coverage has risen every year since then, reaching 100 percent in 2007.<sup>1</sup> While the treatment success rate has met the WHO target of 85 percent, the case detection rate is very low. This is due in part to reliance on X-ray rather than on sputum smear microscopy to diagnose cases of TB. However, case detection is increasing, and the reported rate of TB incidence may in part be due to better case finding. According to preliminary findings of a small drug resistance survey (DRS), Tajikistan may have one of the highest rates of multidrug-resistant (MDR) TB in the world. Central issues to TB control are limited human resources and weak laboratory capacity and quality control. As of 2008, TB culture and drug sensitivity testing were available only at the central level. As a priority country under WHO's *The Global MDR-TB and XDR-TB Response Plan 2007–2008*, Tajikistan received support for strengthening TB drug (first and second line) sensitivity testing and drug resistance surveillance, implementing an MDR-TB pilot project and strengthening the national network of laboratories. While extensively-drug resistant (XDR) TB cases have not been confirmed, preliminary results of the DRS survey showed presence of such cases in the country. Under WHO's Global Response Plan, there are plans to identify and treat XDR-TB patients.

### USAID Approach and Key Activities

USAID supports the Ministry of Health (MOH) in strengthening its National TB Control Program and in improving human and systems capacities for TB treatment, prevention, and control. In fiscal year (FY) 2008, funding for TB was \$0.5 million. Through Project HOPE, USAID's leading partner in Tajikistan, the Agency supports the following interventions and activities:

- Building political support for TB control, advocating for a budget line item for TB control, and increasing allocations for TB programs
- Increasing the human resources capacity to respond to the TB epidemic
- Building better information and logistics systems
- Improving laboratory networks through external quality assurance systems
- Expanding and monitoring the use of WHO standard treatment guidelines

<b>Country Population</b>	<b>6,640,000</b>
<b>Est. number of new TB cases</b>	<b>13,532</b>
<b>Est. TB incidence (all cases per 100,000 pop)</b>	<b>204</b>
<b>DOTS population coverage (%)</b>	<b>79</b>
<b>Rate of new SS+ cases (per 100,000 pop)</b>	<b>92</b>
<b>DOTS case detection rate (new SS+) (%)</b>	<b>33</b>
<b>DOTS treatment success rate, 2005 (new SS+) (%)</b>	<b>86</b>
<b>Est. new adult TB cases (HIV) + (%)</b>	<b>0.8</b>
<b>New multidrug-resistant TB cases (%)</b>	<b>11.1*</b>
WHO Global TB Report 2008 *Preliminary results of the DRS survey, 2008	

<sup>1</sup>National data reported by USAID

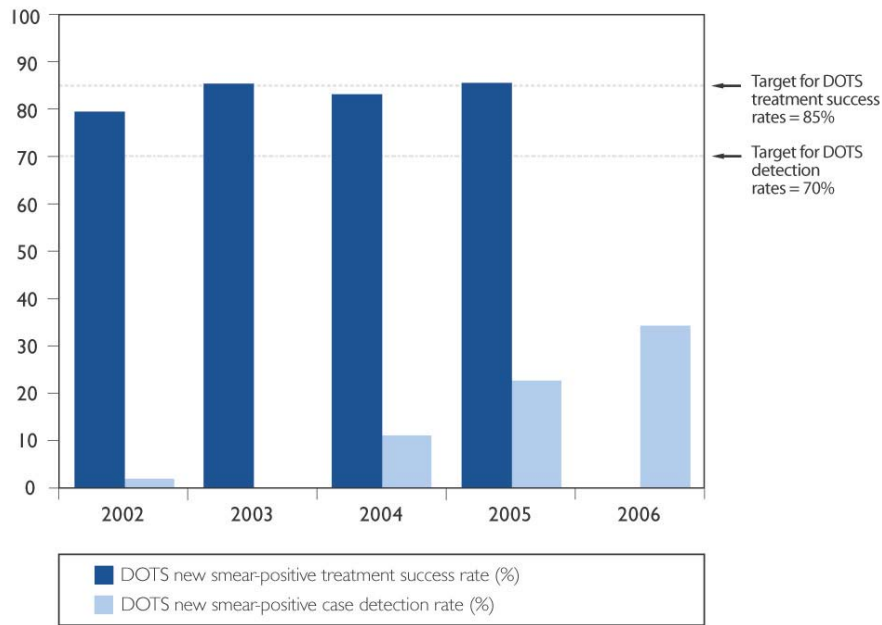
- Supporting community advocacy and mobilization, including developing national behavior change communication strategies for the general population and risk groups
- Supporting the national-level thematic working groups on advocacy, communication, and social mobilization (ACSM) in order to increase community awareness and involvement in TB control
- Updating and revising national guidelines for implementing the Stop TB Strategy
- Improving TB drug management and storage
- Strengthening laboratories; training laboratory staff; establishing internal and external laboratory quality control systems; and further strengthening culture methods of diagnosis, drug sensitivity testing, and drug resistance surveys
- Providing technical assistance (TA) for the new pilot MDR-TB project, which is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria

### **USAID Program Achievements**

USAID is implementing a comprehensive TB control program in Tajikistan through equipment upgrades, training for health practitioners, case management monitoring, improved quality assurance systems, and public education. USAID program achievements include the following:

- Participated in the development of the National Program to Fight Tuberculosis for 2003–2010 and other national policy documents, including the national strategy for TB communication, guidelines for TB drug procurement, and a new TB law
- Continued to integrate and strengthen TB DOTS education at all levels of medical education
- Updated a six-month primary health care re-training curriculum with essential TB DOTS topics and trained 390 health staff – comprising TB specialists, laboratory staff, and nurses – in the updated program in FY 2007
- Built national capacity for microscopy and facilitated the first seminars on diagnostics and drug sensitivity in FY 2007
- Piloted the use of quality-assured microscope kits procured from the Global Drug Facility and Stop TB patient drug kits
- Designed, tested, and implemented a logistics management information system for drug management, which helps ensure that an uninterrupted supply of TB drugs is available throughout the country
- Conducted a rational drug use study to identify causes and plan interventions for TB drug resistance
- Implemented a small grants program to increase community knowledge and skills on TB control, and to increase the capacities of local organizations to control the disease, greatly expanding the reach of information throughout the country
- Provided TA and supported a technical working group in the development of a national TB communication strategy that was officially endorsed by the MOH and is used for coordinating ACSM activities
- Implemented the first-ever knowledge, attitudes, and practices TB survey in 2006, aimed at providers, patients, and the general population, which provided the first evidence-based tool for directing future TB-related behavior change interventions
- Delivered more than \$3.7 million worth of lifesaving medicines, including TB drugs and medical supplies, in April 2008 to be used in 14 medical facilities in Tajikistan, which is still recovering from its harshest winter in 25 years

## Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2006 will be reported in the 2009 global report.  
Source: Global tuberculosis control: Surveillance, planning, financing: WHO report 2008.

### Partnerships

USAID's main partner in Tajikistan is Project HOPE, which is part of a consortium that includes three other partners: the New Jersey Medical School Global Tuberculosis Institute; John Snow, Inc.; and Johns Hopkins University's Center for Communications Programs. USAID also coordinates activities with the U.S. CDC. Numerous nongovernmental organizations also support Tajikistan's TB efforts, including the Swiss Agency for Development and Cooperation, the Aga Khan Foundation, the American Red Cross, the Capacity Project, and Caritas Luxembourg. Tajikistan received three Rounds of funding from the Global Fund for TB prevention and control. In Round 3 (2004), it received \$2.3 million; in Round 6 (2007), it received \$6.5 million, and in Round 8 (2009), it received \$12.6 million for MDR-TB, TB in prison, and improvement of DOTS implementation.

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